

Dear Prospective Food Establishment Owner:

Welcome to the City of Harrisburg! You have expressed interest in taking part in one of the largest revitalization projects you the City of Harrisburg has ever undertaken. With beautiful City Island, Riverfront Park, the Downtown revitalization initiative, the Midtown Market District, the Capitol Corridors Project and the various residential neighborhood initiatives throughout the City....this is the place to be!

This informative letter and packet is meant to assist you in your desire to become a food/beverage establishment owner or proprietor. You will find everything you need to ensure the quick and efficient processing of your Health License application. **Please read the following information completely, prior to starting your project!**

This packet contains all the necessary information regarding the opening of an establishment serving food and/or beverages in the City of Harrisburg. **If you are interested in being a Street Vendor/Caterer or need a One-Day / Special Events License, you must contact the Bureau of Codes Administration at 717-255-6552.** This does not cover any requirements under County, State or Federal jurisdiction. Failure to comply with all of the following will delay the issuance of a Health License, which is a mandatory requirement pursuant to City and State Law.

- 1.) **Before purchasing or leasing property...**you should inquire from the owner / agent about current status of property violations if any and the current zoning status. Please note, if the business has been closed or the building vacant for over 1 year, the property may not retain the current zoning status. If this is the case, you must contact a representative from the planning bureau (717-255-6480) to submit for approval to retain the status of the property. If you are changing the use of the property or proposing significant renovations, a building and zoning permit will be required. As a new business, you will be required to bring the facility into compliance with all applicable codes. This may include replacing old equipment, installing a sprinkler system, etc.

- 2.) **Once you determine a project is a go and you have a tentative plan and design...** depending upon the complexity of your use or renovations, it is recommended you schedule a meeting with the Plans & Permits Unit. The purpose of such is to assist in streamlining the permit process and thereby fast tracking your business objectives. The meetings are conducted weekly with the intention of providing answers to a broad range of questions with development projects. The following departments are part of the Plans and Permits Unit, Planning, Codes/Health, Engineering, Fire and Police bureaus. Please call the Bureau of Planning at 717-255-6480 to request an appointment.
- 3.) **Prior to the start of any work, you must submit the following for approval,** where applicable to your project:
- Building / Fire / Zoning Permit which includes a complete description of work, value of all work (including equipment, supplies and all labor including your own) and to include any exterior additions or changes such as signs, banners and/or awnings. Permits must be approved prior to the start of work. Work in the 100-year flood plain may require additional approval.
 - Harrisburg Historic District Building Permit is required for any work that will alter the exterior appearance of a building, located in a Municipal Historic District.
 - A Zoning Hearing Board Special Exception/Variance application must be submitted if you will need a waiver to the current zoning requirements.
 - A completed Fire Prevention Code application(s) with appropriate fee(s). (Both a work permit and an annual permit are required.)
 - A detailed drawing that indicates all work on permit application.
 - Electrical, including low voltage and plumbing costs (all must have City of Harrisburg License and additional trade permits must be secured by the trade contractor)
 - * Fire suppression / alarms / sprinkler costs.
 - Property/business owner information and contractor information, including contractors Harrisburg City Mercantile License and proof of worker's compensation insurance.
 - A Harrisburg City Mercantile License application, complete, with proof of worker's compensation insurance. A vendor, primarily farmer's selling only home-grown products, may use a general license; contact the Mercantile Tax Unit at 717-255-6163 (application attached). Note: if no construction or renovations are being done, you may utilize the combined zoning / fire prevention application that has been enclosed.

- Application for Health License that includes the following:
 - a) A complete application (attached).
 - b) A copy of the PA Food Employee Certification Card for the supervisory staff person (effective July 1, 2004).**
 - c) Attach a Pre-plan: detailed floorplans including the placement of all equipment, electrical, plumbing and all fire suppression equipment. List equipment company / fire suppression company that will be handling equipment. You must include a list of all equipment including type, make and model; attach a manufacturers specification sheet showing National Sanitary Foundation (NSF) and/or National Underwriter Laboratories (UL) approval or other acceptable national certification agency.
 - d) Detailed plans of any renovations or of actual construction being done and listing of contractors involved.
 - e) Copy of proposed menu.
 - f) Listing of all Vendors, including contact information.

Note: you will be notified within 7-10 days of acceptance, denial or the need for an on site-visit.

* Fire/Burglar Alarm Application: a yearly service fee for those interested in direct notification and response from the City Public Safety Communications Center.

Please Note:

- The majority of the above takes from 48 to 72 hours to process please allow time.
- Zoning special exceptions and variances, as well as work in the Historic District may require various board approvals and the time required varies (see attachment 6).
- We do reserve the right to request supporting documentation for information provided on permits.
- Payment is required at time of application and all fee's and permits are for that application only, please have individual checks / money orders, written out to City Treasurer. Application fee's are not refundable.

4.) Inspections Required:

- All permits will require progressive inspections. To ensure timely completion, you may want to confirm these with your contractors.
- Health License
 - a) Pre-plan may require a site visit; we will contact you after receipt of application.
 - b) A final inspection will be required prior to opening; this is to review all equipment, sanitation concerns, life safety concerns and to confirm proper procedures with other permits and licensees have been completed and are approved. All equipment must be installed and operating at time of inspection. Also, we reserve the right to inspect other areas of same property as such may impact the food service area in terms of cleanliness,

mechanical or structural deficiencies. It is recommended that you schedule a minimum of 2 weeks prior to business opening and allow at least 7 days to correct deficiencies.

- c) An annual inspection may be conducted after your establishment opens. All inspections as well as subsequent annual inspections are considered public record and are available to the public and the media. A copy of the most recent inspection form has been enclosed. The criteria utilized for inspection purposes may be subject to change.

Note:

- Pictures are acceptable replacements for plans of existing structures/equipment. They must be detailed and lighting/focus must be appropriate.
- All work noted should be a reasonable cost for services to avoid additional permits or double fees and/or work stoppage.
- Commercial Cooking Hoods and Ventilation Systems are currently addressed in the 2003 International Mechanical Code, but the 1996 NFPA Standards are acceptable. The City of Harrisburg under the Pennsylvania Universal Construction Code, currently uses the IBC 2003 Series of Codes, including Building, Existing Structure, Plumbing, Fire Prevention, Mechanical and the 2003 IBC & NEC Electric Code. Property condition is currently addressed under the 2000 International Property Maintenance Code and the Codified Ordinance of the City of Harrisburg.

To limit your liability, we recommend using a reputable equipment dealer to assist you with the layout and design of your food/beverage service areas. It is also wise to obtain a copy of the Pennsylvania Food Code, it is available on the web at www.pacode.com/secure/data/007/chapter46/chap46toc.html or by calling the PA Dept. of Agriculture at 717-787-4315. This is the best resource for understanding what is expected of you when providing food service to the general public. In addition, a highly recommended document to assist you in planning or renovating your establishment is available on the WEB at <http://www.cfsan.fda.gov/~dms/prev-toc.html>.

The laws pertaining to health and safety are in place to protect you and our citizens of Harrisburg from unsafe practices that can result in severe illness or death. We are here to help you through this process, feel free to contact the Health Officer with any questions or concerns you may have; by email contact csherrick@cityofhbg.com, by fax use 717-255-6421 or by phone call 717-255-6552. Best of luck in your new venture.

Craig S. Sherrick
Health Officer
City of Harrisburg

City of Harrisburg
Complimentary Project Permit / License Check List

Plans and Permits Meeting Scheduled for _____, 200____, at _____ am/ pm

Date Submitted	PERMIT / LICENSE	Amount	Note
____/____/____	Building / Zoning / Fire	_____	_____
____/____/____	Fire Prevention Permit (new/reno.)	_____	_____
____/____/____	Fire Prevention Permit (annual)	_____	_____
____/____/____	Historic District Building Permit	_____	_____
____/____/____	Zoning Hearing Board	_____	_____
____/____/____	PA Labor & Industry	_____	_____
____/____/____	Fire & Burglar Alarm Application	_____	_____
____/____/____	Health License Application	_____	_____
____/____/____	Mercantile License Application	_____	_____

Required Inspections (where applicable)

Type	Day	Date	Time
Building	_____	____/____	____:____ am / pm
Electrical	_____	____/____	____:____ am / pm
Plumbing	_____	____/____	____:____ am / pm
PA Labor & Industry	_____	____/____	____:____ am / pm
Initial Health	_____	____/____	____:____ am / pm
Other_____	_____	____/____	____:____ am / pm

How to file for a "Building/Fire/Zoning Permit"

- Where: The Rev. Dr. Martin Luther King Jr. City Government Center is located just off Market Square in downtown Harrisburg, across the street from the Harrisburg Hilton & Towers.
The Bureau of Codes Administration is on the second floor, Suite 206.
Take the lobby elevators to the second floor and turn right.
- When: Hours of Operation - Monday through Friday from 8:30 AM to 5:00 PM, except Government Holidays.

It is recommended that you file permits separately for interior and exterior work separately if any of the conditions apply:

- You are working in a Historic District.
- You are working in the flood plain.
- You will be seeking a special exception or zoning variance.

What you will need to bring when filing permits:

- I. Address of Building
- II. Type and Costs: (please not, exceeding cost on permit requires a new permit)
 - A. Types of permit requesting may use one application for all or divide them in accordance with above.
 - C. The existing use and proposed new use of property.
 - Know if building is occupied or vacant. If vacant, how long?
 - E. Detailed description of all work being done, including electrical, plumbing and fire suppression estimates.
 - F. Costs of general work, electrical, low-volt electrical (cable, phone and data), plumbing and fire suppression. This cost must include all supplies, parts, equipment and labor (including your own).
 - G. Identification
 - Owner(s) name(s), address and contact number.
 - Contractor(s) name(s), address, contact number, City Mercantile License number and proof of worker's compensation insurance.
 - Architect / Engineer name(s), address, contact number
 - Electrician(s) name and City License Number
 - Plumber(s) name and City License Number.
- III. Blueprints, design plans or a detailed drawing showing all work being done and the relationship to adjoining properties/structures.

**CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT
EXPLANATION OF THE
BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

Attached is an application for a Business Privilege and Mercantile License. The fee for this license is \$40.00 for each calendar year. The fee is not reduced pro rata by the portion of the license year elapsed in the year first procured. At the proper time, an annual or quarterly reporting form, whichever is applicable, will be mailed to you.

The Tax Ordinance was enacted under the authority of the Local Tax Enabling Act (Act 511 of 1965), 53 P.S. 6901 et seq., and appears in the Codified Ordinances of the City of Harrisburg at Chapter 5-715. The City of Harrisburg, Chapter 5-715 of the Codified Ordinance and the Harrisburg School District, Resolution of 1989 provides for and regulates the "assessment, levy and collection for general revenue purposes of an annual Business Privilege & Mercantile tax upon persons, firms, companies, and corporations engaging in business, described therein, within the City of Harrisburg. . .". The Chapter and Resolution contains pertinent information relative to the definitions and rates; a copy can be requested either through the City Clerk's Office or the Tax & Enforcement Office.

Business Privilege & Mercantile Licenses may not be assigned or transferred. So if a new owner takes over the business, a new Business Privilege & Mercantile License and/or Health License application, if applicable, needs completed. Taxpayer's change of address must be reported in writing to this office within ten (10) days after such change becomes effective.

This license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the permit or license secured the same by misrepresentation; failed to maintain qualifications required by federal, state or local laws; engaged in fraudulent behavior or misleading advertising; consented to or allowed any behavior which would constitute a crime under federal, state or local laws, including but not limited to drug trafficking or drug possession; committed an act of gross negligence, or allowed any manner or form of public nuisance.

BUSINESS - This is defined as carrying on, or exercising of any trade, profession, or vocation, or commercial activity or making sales within the City of Harrisburg. **The following are brief descriptions of each category to determine which one accurately describes the nature of your business.**

BUSINESS PRIVILEGE - Any profession, vocation or commercial activity, **including but not limited to**, lawyer, doctor, accountant, broker, contractor, consultant, maintenance/repairs, engineering, planning design, installation, training, the lease or use of real or personal property, commission sales, etc., for which a fee is collected for services rendered.

WHOLESALE DEALER - Sales made by persons engaged, as owner or agent, in the business of selling to, or exchanging with another person, goods for cash or barter or any consideration, for the purpose of resale by the person acquiring the goods sold or exchanged.

RETAIL - Sales made by persons engaged, as owner or agent, in the business of selling or exchanging merchandise for cash or barter or any consideration on the assumption that the purchaser of such goods has acquired the same for ultimate consumption or use and not for resale.

<u>TAX RATES</u> -	<u>CITY OF HARRISBURG</u>	<u>HARRISBURG SCHOOL DISTRICT</u>
Business Privilege:	2 mills (.0020) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.	1 mill (.0010) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.
Wholesale Rate:	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.
Retail Rate:	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.

ANNUAL TAX RETURNS ARE DUE BY APRIL 15TH OF EACH YEAR WHETHER OR NOT A TAX IS DUE!!!

Failure to file and/or pay the tax could result in legal action by the City as well as your license being revoked.

CITY OF HARRISBURG
APPLICATION FOR BUSINESS PRIVILEGE AND MERCANTILE LICENSE

MAIL TO: TAX AND ENFORCEMENT OFFICE
10 N 2ND STREET, SUITE 305-A
HARRISBURG, PA 17101

LICENSE AND FILLING FEE **\$40.00**
DUE EVERY CALENDAR YEAR!!!!

CHECK OR MONEY ORDER ONLY PAYABLE TO: "CITY TREASURER"

DATE APPLIED: ____/____/200__

Application is hereby made for a Business Privilege and Mercantile License for the year(s) 20____ as required by Chapter 5-715 of the Codified Ordinance for the City of Harrisburg as amended by the City Council of the City of Harrisburg providing for same. **Indicate Date Business Started (within the City Limits of Harrisburg)** _____.

1. Please check the appropriate category which accurately describes the nature of your business as defined on the attached sheet.

WHOLESALE____ RETAIL____ RENTAL____ BUSINESS PRIVILEGE____ BOTH____

2. Business name and address. If conducted under a corporate or fictitious name, list name, **please print:**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE : _____ ZIP CODE: _____

MAILING ADDRESS, IF DIFFERENT THAN ABOVE:

ADDRESS: _____ CITY: _____ STATE : _____ ZIP CODE: _____

BUSINESS TELEPHONE NUMBER

IRS ID. NUMBER (EIN NUMBER)

3. Check whether business is: Incorporated ____ Partnership ____ Individual ____ Agent ____

4. If you are currently conducting business in the Commonwealth of Pennsylvania, please list your sales tax number, if applicable: _____

5. Give the name(s) of the true owners of the said business, their legal residence (**excluding post office boxes**), social security number, date of birth, and telephone number:

NAME	NAME	NAME
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ADDRESS	ADDRESS	ADDRESS
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CITY, STATE & ZIP	CITY, STATE & ZIP	CITY, STATE & ZIP
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SOCIAL SECURITY #	SOCIAL SECURITY #	SOCIAL SECURITY #
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DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
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TELEPHONE NO.	TELEPHONE NO.	TELEPHONE NO.
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DRIVERS LICENSE NO. & STATE	DRIVERS LIC. # & STATE	DRIVERS LIC. # & STATE
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FURTHER INFORMATION APPEARING ON REVERSE SIDE MUST BE COMPLETED!!!

6. Nature of Business (please fully describe):

7. List current job(s) or contracts, if applicable, which necessitates the application for this license:

8. Have you ever been issued a Business Privilege and Mercantile License with the City of Harrisburg before?
yes_____ no_____ If yes, give name the license was issued under _____

9. Give name, address (excluding post office boxes) of other places of Business, Parent Companies (if subsidiary) within or outside the City of Harrisburg:

10. Failure to provide the above information required for proper enforcement of the Business Privilege and Mercantile Tax and License shall cause rejection of this application and shall require a new application and filling fee.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT, AND FURTHER UNDERSTAND MY RESPONSIBILITY TO FILE AND PAY THE MERCANTILE/BUSINESS PRIVILEGE TAX AT THE APPROPRIATE TIME, FURTHERMORE, A TAX RETURN MUST BE FILED WHETHER OR NOT A TAX IS DUE. I UNDERSTAND THE FAILURE TO FILE A RETURN MAY SUBJECT ME TO PROSECUTION.

DATE

AUTHORIZED SIGNATURE

Prior to submitting this application, if you are located in the City, you are required to obtain Zoning approval, Fire Prevention Code approval and Health approval, if you deal with any type of food.

OFFICE USE ONLY!

APPROVALS

OFFICE USE

The authorized signatures listed below, certify that all Zoning, Health, Fire Prevention, and related licenses, if applicable, have been established and conform with the respected ordinances under their authority.

ZONING ADMINISTRATOR

DATE

CODES ADMINISTRATOR/CODES/FIRE PREVENTION

DATE

HEALTH DEPARTMENT

DATE

TAX AND ENFORCEMENT ADMINISTRATOR

DATE

Date Forwarded to Codes: _____

LICENSE NUMBER : _____

**City of Harrisburg
Health License Application**

Business Name: _____ Date: ____/____/200__

Applicants Name*: _____

****Attach copy of government issued proof of Identification with Picture***

☐ This is an Amendment to a current license. License # _____

1.) Type of License(s) Requested (circle all that apply):

Public Eating and Drinking Establishment

- ☐ A - \$ 75.00 Occupancy of 0 to 49
- ☐ B - \$100.00 Occupancy of 50 to 99
- ☐ C - \$150.00 Occupancy of 100+
- ☐ D - \$200.00 Multi: Any Restaurant Category + Catering + Special Events

Miscellaneous

- ☐ E - \$ 75.00 Add for any category doing off-site Catering in the City
- ☐ F - \$ 15.00 Special Events (per day rate) ***Requires different application.***

Market Style Food Vendor, Indoor or Outdoor (ie: Broad Street Market, Farm Show)

- ☐ G- \$ 25.00 Base Fee: Non Hazardous Foods
- ☐ H- \$+75.00 Add if selling Meat / Poultry / Seafood / Bakery
- ☐ I - \$+50.00 Add for Wholesale Option

Grocery / Convenience Store: Total Floor Area

- ☐ J - \$ 50.00 499 square feet or less
- ☐ K - \$ 75.00 500 to 999 square feet
- ☐ L - \$100.00 1000 to 4999 square feet
- ☐ M - \$150.00 5000 square feet or more
- ☐ N - \$+50.00 ***Add for Meat, Poultry or Seafood Sales, In-store Deli or Bakery***

Food Wholesaler / Distributor

- ☐ O - \$100.00

Non-profit: Must be a 501(c) (3) and not competing with private industry (Café, Bar, Store..)

- ☐ P - \$ 25.00 Social Kitchen Only
- ☐ Q - \$ 50.00 Institutional / Commercial Kitchen

Effective November 1, 2003 all applications will require a \$25.00 Application fee.

- ☒ Z - \$ 25.00 Application Fee

*Whereas your Health License will cover all events, if you choose to participate in special events you will need to carry the \$50.00 General Mercantile License in addition to \$40.00 Mercantile.

\$ _____ .00 Total of Above: Amount Check /MO to City Treasurer*

**** Examples of multiple licenses: if a grocery store with hot foods you must carry a (A) and an (?). If a deli with chips, candy and pastry, you will be a (A) and (N).***

**** This amount is doubled if application is not turned in 10 business days before change / opening of establishment.***

2.) Will there be Patron seating? ☐ No ☐ Yes If "Yes", seating capacity: ____

3.) Please choose one from the following:

- ☐ New Construction ☐ Conversion from a Business / Residence
☐ Remodeled - New Owner ☐ Remodeled ☐ New Management

4.) Contact Information: it is your responsibility to notify this office of changes.

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Telephone Number(s): _____ and _____

	Name	Address	Telephone #
Owner 1	_____	_____ _____	_____ _____
Owner 2	_____	_____ _____	_____ _____
Owner 3 Or Manager	_____	_____ _____	_____ _____
Owner 4 Or Manager	_____	_____ _____	_____ _____

5.) Waste Removal Provider? _____

6.) Fire Suppression Service Provider? _____

7.) Pest Control Service Provider? _____

8.) Do you have restrooms for both sexes, with hot and cold running water at sinks, liquid soap and a sanitary hand dryer / papertowel dispenser?

☐ Yes ☐ No If "No", explain: _____

You Must Attach the Following:

- 9.) Detailed floorplan of kitchens / bars / establishment**
- 10.) Detailed Construction / Renovation plans including plumbing & electric***
- 11.) Detailed list of all equipment with specification sheets**
- 12.) Copy of proposed menu**
- 13.) Copy of supervisory employee's PA Food Employee Certification Card.**
- 14.) Listing of Vendors, including contact information**
- 15.) Combination Fire Prevention/Zoning Application (separate file on website)**
- 16.) Mercantile Application with a separate check**
- 17.) If declaring Non-profit Status, you must attach proof of 501 (c) (3) status and if operating an establishment a statement of your mission as declared to the IRS and how the activity *directly* serves your mission.**

* All plumbing and electrical work must be done by a plumber or electrician licensed by the City of Harrisburg, must have a third party inspection when applicable and must have a permit where applicable. All contractors and equipment installers must have a mercantile license with the City. Permits are required for any work valued at \$1000.00 and above, this value includes fair market value of all labor and supplies / equipment.

Health License Specifics

- 1.) All Health Licenses expire on December 31 of that issuance year, they are not pro-rated.
- 2.) A license is for that establishment, at that location, for that owner. They are not transferable. All changes from original application should be submitted to this office, in writing within 48 hours.
- 3.) All licensed establishments must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office
- 4.) All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
- 5.) All licenses are subject to suspension, revocation and administrative actions that may include financial penalties for failure to follow applicable laws, administrative rules & regulations and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Applicable codes and rules and regulations are available for review in the Office of Codes Administration and/or the City Clerks Office, Dr. Martin Luther King Jr. City Government Center, 10 N. Second Street, Harrisburg, PA 17101. Any changes clarifications or additions will be posted the first business day of each month.

I hereby acknowledge receipt of Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application form. I understand that the rules and regulations are available in the Dr. Martin Luther King Jr. City Government Center and have the opportunity to view them at any time. I acknowledge that all the information is true to the best of my knowledge and that I am an owner or authorized agent of the corporation. I understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of the Pennsylvania Crimes Code, constituting a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

Signature of Owner / Agent: _____ Date: ____/____/200__

Print Name: _____ Title: _____

Signature of Witness: _____ Date: ____/____/200__

Print Name: _____ Phone Number: _____

Business Name: _____ Street Address: _____

For Office Use Only:

Date Received: ____/____/200__ By: _____

Make sure application is complete: ☐ All pages, especially signatures and dates, complete.

ATTACHMENTS: ☐ Floorplan(s) ☐ Construction / Renovations Plans

☐ Equipment List with Spec. Sheets ☐ Copy of Menu(s) ☐ Vendor List ☐ Mercantile App

☐ Health License: Check # _____ ☐ Mercantile License: Check # _____

☐ Property # _____ Codes Check, attach results.

Date Forwarded to Health Officer: ____/____/200__ By: _____

Pre-plan Approved: ____/____/200__ ☐ Pre-plan Inspection Required _____

Final Inspection: _____ ☐ Pass ☐ Fail ☐ Temp./Corrections Attached

Final RE-Inspection: _____ ☐ Pass ☐ Fail ☐ Reapply

☐ All signatures acquired

Date Forwarded to Mercantile: ____/____/200__ By: _____

Returned to Health Officer: ____/____/200__ Account # _____

By: _____ Checks Sent to Treasury with Completed Health License: ____/____/200__